

FILED JAN 6 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43366  
STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 448

|  |                                  |   |  |   |  |  |   |
|--|----------------------------------|---|--|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>ADAIR</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>HARTSVILLE</u>   |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY OR TOWN <u>CLARENCE</u> <u>MO</u>   |  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSP</u>  |                                  |   | Length of stay in lb   | d. STREET ADDRESS (If outside, give location)<br><u>CLARENCE MO</u>   |  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>EDITH</u> Middle <u>VIOKA</u> Last <u>TODD</u>   |                                  |   |  | 4. DATE OF DEATH<br>Month <u>DEC</u> Day <u>23</u> Year <u>1957</u>   |  |  |   |
| 5. SEX<br><u>FEMALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>MAY 28, 1891</u>  | 9. AGE (In years last birthday)<br><u>66</u>  | IF UNDER 1 YEAR<br>Months <u>4</u> Days <u>4</u>     | IF UNDER 24 MRS.<br>Hours <u>4</u> Min. <u>4</u> |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>HOUSEWIFE</u>  |                                  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>HOUSEWIFE</u>  | 11. BIRTHPLACE (City and state or country)<br><u>CALHOUN COUNTY Iowa</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.</u>      |   |
| 13. FATHER'S NAME<br><u>JOHN W SIFRIT</u>  |                                  |   |  | 14. MOTHER'S MAIDEN NAME<br><u>ANNA GRAY</u>  |  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)   |                                  | 16. SOCIAL SECURITY NO.<br><u>NONE</u>  |  | 17. INFORMANT<br><u>GEORGE TODD</u>   |  | Address<br><u>CLARENCE MO</u>                    |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>PROFOUND UREMIA</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>CHRONIC INTERSTITIAL NEPHRITIS (IN REMISSION) KIDNEY</u><br>DUE TO (c) <u>592X</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)<br><u>VIRAL PNEUMONIA SECONDARY TO INFLUENZA - ANEMIA</u> |                                  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>UNKNOWN</u><br><u>UNKNOWN</u>                  |
| 20a. ACCIDENT <input type="checkbox"/>   | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |   |  |  |   |
| 20c. TIME OF INJURY<br>Hour <u>2:45</u> a. m. <u>A</u> Month <u>11</u> Day <u>10</u> Year <u>57</u><br>p. m.   |                                  |   |  |   |  |  |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   |  | 20f. CITY, TOWN, OR LOCATION<br><u>Hartsville, Mo</u>   |  | 20g. COUNTY<br><u>SHELBY</u>                     |   |
| 21. I attended the deceased from <u>11-10-57</u> to <u>12-23-57</u> and last saw her alive on <u>12-22-57</u><br>Death occurred at <u>2:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |  |   |  |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>Paul Laughlin Jr MD</u>   |                                  |   |  | 22b. ADDRESS<br><u>Hartsville, Mo</u>   |  | 22c. DATE SIGNED<br><u>12-27-57</u>              |   |
| 23a. BURIAL, CREATION, REMOVAL (Specify)<br><u>BURIAL</u>  | 23b. DATE<br><u>12-26-57</u>     | 23c. NAME OF CEMETERY OR CREMATORY<br><u>HABERGROVE CEMETERY</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>SHELBY COUNTY MO</u>  |  |  |   |
| 24. FUNERAL DIRECTOR<br><u>Charles Greer</u>   |                                  | ADDRESS<br><u>Clarence Mo</u>   |  | 25. DATE RECD. BY LOCAL REG.<br><u>12-30-57</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Doris W. Ratliff</u> |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision...

Student.....  
Signature of Student Embalmer

Signed *Charles V. Green*

Licensed Embalmer No. *467*

P. O. Address *Claremont*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.